

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10740,898</td> </tr> <tr> <td>Filing Date</td> <td>December 19, 2009</td> </tr> <tr> <td>First Named Inventor</td> <td>Signe R. Erickson</td> </tr> <tr> <td>Title</td> <td>DEVICES FOR INTRAOCULAR DRUG DELIVERY</td> </tr> <tr> <td>Art Unit</td> <td>3767</td> </tr> <tr> <td>Examiner Name</td> <td>Bhikma Mehta</td> </tr> <tr> <td>Attorney Docket Number</td> <td>SRM0081/US/2</td> </tr> </table>	Application Number	10740,898	Filing Date	December 19, 2009	First Named Inventor	Signe R. Erickson	Title	DEVICES FOR INTRAOCULAR DRUG DELIVERY	Art Unit	3767	Examiner Name	Bhikma Mehta	Attorney Docket Number	SRM0081/US/2
Application Number	10740,898														
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First Named Inventor	Signe R. Erickson														
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Art Unit	3767														
Examiner Name	Bhikma Mehta														
Attorney Docket Number	SRM0081/US/2														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/86) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	Dec 17, 2010
Name	R. Keith Baker	Telephone	410-516-8800
Title and Company	Senior Director, The Johns Hopkins University		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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